

# **Chapter 7**

## **Miscellaneous**

**HASCI Waiver Procedural Manual**

Section 10.14: - Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Participants

1. Budget Approval

HASCI Waiver budgets are approved through the automated Waiver Tracking System. Budget requests must pass through the provider and Central Office levels before final approval can be granted. Inquiries on the Waiver Tracking System may be done at any time to see if budget requests, additions, changes or deletions have been approved.

2. Encumbering Services

Once a consumer's budget has been approved, an encumbrance is recorded on DDSN's financial system for the total amount of approved board-based services. This encumbrance sets aside funds to pay for the approved number of units for each type of board-based service approved. The encumbrance number is ten digits in length and uses an "8" for the leading digit and the last digit of the fiscal year for the second digit. The remaining 8 digits are the last 8 digits of the consumer's social security number. For example, if a consumer has an approved waiver budget under provider #1 for FY00 and his social security number is 123-45-6789, that budget is encumbered under purchase order #8023456789. If that budget transfers to provider #2 before all services payable under the first budget have been paid out, a new budget is encumbered for provider #2 under purchase order #8003456789. The description is "HSC-" followed by the last name and the first initial of the consumer enrolled in the waiver.

3. Recording Services Delivered

As services are provided, the following information, at a minimum, must be recorded on a daily checklist for service providers.

- A. Each occasion of service including the date, the beginning and ending time, and the type of service.
- B. The name and signature of the person who provided the service.
- C. The signature of the service recipient or representative acknowledging that the services recorded were received.

It is the responsibility of each DSN Board to develop the necessary forms and procedures to ensure that all information mentioned previously is maintained. A review for the existence and accuracy of this information is included in any review conducted by DDSN Central Office or Regional Offices of the HASCI program.

#### 4. Reporting Services Delivered

Each month, for each consumer who received services through the HASCI waiver, a summary of provided services must be submitted to DDSN Central Office, Finance Division. The summary may be provided on the [Individual Summary of Board-Based HASCI Services Provided](#). DSN Boards may develop an alternative form and submit it to DDSN Central Office, Finance Division for approval. Any form submitted for review and approval must contain all the information shown on the "Individual Summary of Board-Based HASCI Services Provided, including the certification statement and signature.

On a monthly basis, each DSN Board must submit a [Monthly DSN Board Summary of Board-Based HASCI Services Provided](#). Each listing on this summary must be supported by a corresponding Individual Summary of Board-Based HASCI Services Provided. (These forms are referred to as the Monthly DSN Board Package.) DSN Boards may develop an alternative form and submit it to DDSN Central Office, Finance Division (SURB) for approval. Any form submitted for review and approval must contain all of the information shown on the Monthly DSN Board Summary of Board-Based HASCI Services Provided including the certification statement and signatures.

Instructions for completing both of the above mentioned forms follow:

##### A. Individual Summary of Board-Based HASCI Services Provided

For an example of an Individual Summary of Board-Based HASCI Services form marked to reference the following instructions, see page 10.14 p.6.

- (1). Enter the DSN Board's name.
- (2). Enter the name of the consumer participating in the HASCI Waiver for whom you are reporting services. Enter the name as follows: last name - comma - first name - space - middle initial.
- (3). Enter the social security number of the consumer.
- (4). For the first service to be reported, enter the service invoice code from the [HASCI Board-Based Service Invoice Code](#) list (see page 10.14 p.8). Each invoice code should be listed only on the line for the first date of service being reported. It is not listed again until after the last date of the service being reported preceded by the word "Total." NOTE: If there is only one date listed for a particular service, the "Total" entry may be omitted.
- (5). Each time a new service code is listed, enter the unit(s) of service for that code.
- (6). For each service, list each date was provided. List dates in chronological order. List all dates for one service before beginning another service.

- (7). For each date(s) of service, list the number of units provided on that day. After all units for all dates of service for one type of service have been listed, calculate and record on the next line the total number of units reported for that service. This will be on the same line as the entry "Total" (service invoice code) in the first column. NOTE: If there is only one date listed for a particular service, the entry for total number of units may be omitted. The number of units for that one day of service will be the total number of units for that service.
- (8). Next to the total number of units, enter the approved rate for that service. Approved rates may be found on the consumer's HASCI Waiver Budget Approval form.
- (9). Calculate the total dollars for each service by multiplying the total number of service units times the rate for the service. Enter the total next to the rate. After the total for each type of service has been calculated and entered, calculate the grand total by adding all of the service totals. Enter the grand total on the next line.
- (10). The HASCI Waiver Service Coordinator should sign the completed form. This signature indicates compliance with the certification statement written on the form.
- (11). This block is reserved for DDSN Central Office Finance use only.

A blank form, that may be copied and used for reporting and billing for services, is available from Central Office Finance, SURB Division.

**B. Monthly DSN Board Summary of Board-Based HASCI Services Provided**

For an example of a Monthly DSN Board Summary of Board-Based HASCI Services Provided form notated to reference the following instructions, see page 10.14 p.7.

- (1). Enter the DSN Board's name.
- (2). Enter the month and year for which the DSN Board Summary form is being prepared and submitted. DSN Boards should submit only one invoice each month. DSN Boards may determine what time each month to submit the invoice.
- (3). Number each line sequentially beginning with 01.
- (4). Enter the social security number from each Individual Summary of Board-Based HASCI Services Provided that will be submitted as support to this form.
- (5). Enter the name from each Individual Summary of Board-Based HASCI Services Provided that will be submitted as support to this form.
- (6). Enter the grand total from each Individual Summary of Board-Based HASCI Services Provided that will be submitted as support to this form. After the last total has been listed, calculate the grand total for this form by adding all of the totals listed.

- (7). & (8). The DSN Board Executive Director and Finance Director (or other chief financial official) should sign the completed form. These signatures indicate compliance with the certification statement written on the form.

A blank form, which may be copied and used for reporting and billing for services, is available from Central Office Finance, SURB Division.

#### 5. Payment for Services Delivered

At the beginning of each month, the Monthly DSN Board Summary of Board-Based HASCI Services Provided and the supporting Individual Summary of Board-Based HASCI Services Provided are to be mailed to:

SC Department of Disabilities and Special Needs  
Attn: Finance Division (SURB)  
PO Box 4706  
Columbia, SC 29240

Once received, each Individual Summary of Board-Based HASCI Services Provided is matched to the HASCI Waiver Budget Approval Form to ensure that:

- all services listed are approved
- all services listed were provided during the approved period
- the rates billed agree with the rates approved
- by service, the number of services previously paid plus the number of services currently invoiced do not exceed the total number of services approved
- the total on the Individual Summary of Board-Based HASCI Services Provided agrees to the line total on the Monthly DSN Board Summary of Board-Based HASCI Services provided

After each Board's Monthly Package of Forms is reviewed and any necessary corrections made, payments are processed through DDSN's financial system. A SURB staff member processes receiving on the dollar amount by requisition number on the Procurement System. The consumer's name, SSAN and county are verified and that a current year budget is available. After receiving, the SURB staff member records the requisition number and the receiver's initials on the right side of the DSN Provider Summary Form next to the corresponding consumer's name. The form is then sent to Accounts Payable for processing. Each line on the Monthly DSN Board Summary of Board-Based HASCI Services Provided constitutes one separate invoice. The invoice number is the month, year and line number. The amount is the total for that consumer. For example: if a Monthly DSN Board Summary of Board-Based HASCI Services Provided form for the month of August 1995 had recorded on line 3 "John Doe, social security number 253-12-3456" with a total of services provided of \$315.00 – the remittance advice would have a line showing the invoice number "089503" and the description "HSC-Doe,J" with a gross and net amount of \$315.00.

6. DSN Board Responsibilities for Services Delivered

DDSN pays DSN Boards for board-based services based on certifications of service delivery and rates approved in consumers' budgets. It is the responsibility of each DSN Board to arrange for board-based services (within the waiver programmatic guidelines) either through vendor purchases, service contracts or employment of personnel and to pay the actual service providers based on the arrangements made. It is the responsibility of each DSN Board to ensure that their cost for financial arrangements for services does not exceed their rate-based revenue.

7. Reporting Procedures for Selected HASCI Services

DDSN pays the going hourly rate up to eight (8) hours per day for HASCI respite services. All services above eight (8) hours are reimbursed at the daily rate. If respite crosses from one calendar day to another, record each day separately with the first day ending at 11:59 PM and the next day beginning at 12:00 AM.

8. Confidentiality of Reporting Documents

Each provider shall comply with all applicable standards, orders, or regulations pursuant to the Health Insurance Portability and Accountability ACT (HIPAA) of 1996 concerning the confidentiality of information shown on these reporting documents.

**SCDDSN Finance Manual**  
**Service Units Reporting and Billings**  
**Procedures to Report & Bill for Board Based Services to**  
**HASCI Waiver Participants 10.14**

Issue Date 10/31/06

Supersedes 4/25/97

**INDIVIDUAL SUMMARY OF BOARD BASED HASCI SERVICES PROVIDED**

DSN Board: 1. Cummins DSN Board

Services Provided to: 2. DOE, John I

3. SS# XXX - XX - XXXX

Service Invoice Code	Unit of Service	Date of Service	No. of Units of Service	Rate	Total
4. <u>HABS</u>	5. <u>hour</u>	6. <u>8/2/95</u>	7. <u>4.0</u>	8. <u></u>	9. <u></u>
		<u>8/2/95</u>	<u>4.0</u>		
		<u>8/9/95</u>	<u>3.5</u>		
		<u>8/14/95</u>	<u>4.0</u>		
		<u>8/16/95</u>	<u>4.0</u>		
		<u>8/18/95</u>	<u>3.0</u>		
<u>TOTAL HABS</u>			<u>22.5</u>	<u>6.00</u>	<u>135.00</u>
<u>Com-AS</u>	<u>visit</u>	<u>8/16/95</u>	<u>1</u>	<u>60.00</u>	<u>60.00</u>
<u>Com-TH</u>	<u>hour</u>	<u>8/18/95</u>	<u>2.0</u>		
		<u>8/25/95</u>	<u>1.0</u>		
<u>TOTAL Com-TH</u>			<u>3.0</u>	<u>40.00</u>	<u>120.00</u>
<u>GRAND TOTAL</u>					<u>255.00</u>

CERTIFICATION: All services listed above have been provided to the individual named above. Regional documentation of service delivery is available through the DSN Board named above.

Signature: 10. Sworn Coordinator  
HASCI Waiver Service Coordinator

11. For Central Office Use Only:

Accounts Payable Audit Complete



**HASCI BOARD-BASED SERVICE**  
**INVOICE CODE LIST**

<b>SERVICE NAME</b>	<b>INVOICE CODE</b>	<b>UNIT</b>
Assistive Technology/DME	AT/DME	N/A
Attendant Care - Agency	ATTC-A	Hour
Attendant Care - Individual	ATTC-I	Hour
Communication - Assessment	COM-AS	Visit
Communication - Audiology	COM-AU	Hour
Communication - Therapy	COM-TH	Hour
Day Habilitation	DAYHAB	Day
Drug & Alcohol Counseling	PSY-D&A	Hour
Environmental Mods	ENMOD	N/A
Family/Individual Therapy - BA/MH Practitioner	F/I-BA/MH	Hour
Family/Individual Therapy - Licensed Clinical Social	F/I-LCSW	Hour
Family/Individual Therapy - Psychological	F/I-PCHO	Hour
Habilitation Support	HABS	Hour
Licensed Practical Nurse	PN-LPN	Hour
Neuro-Psychological Evaluation	NPEVAL	Visit
Personal Emergency Response System Installation	PERS-I	N/A
Personal Emergency Response System Maintenance	PERS-M	N/A
Prevocational Services	PREVOC	Day
Private Vehicle Modification	PRIV-VEH-MOD	N/A
Psychiatry	PSYCHI	Hour
Psychological Assessment	PSY-A	Hour
Psychological Rehabilitation Therapy	PSY-RT	Hour
Respite - Non Institution - Daily	RES-D	Day
Respite - Institution - Hospital Based	RES-IHB	Day
Respite - Non Institution - Hourly	RES-H	Hour
Respite - ICF/MR	RES-I	Day
Registered Nurse	PN-RN	Hour
Residential Habilitation	HAB-RES	Day
Supported Employment	EMPLOY	Hour

## HASCI Waiver Documentation Index

The following index is **required** for all Service Coordinators in all Counties/Regions of the State:

### **Single Plan**

- Plan (entire document) including all Plan amendments

### **Budgets and Comments**

- Initial Budget and Revisions, including comments that document justification and approval/denial
- Request for Emergency Authorization Forms (HASCI Form 14)

### **Service Authorization information**

- Authorization for HASCI Waiver Services forms (HASCI Form 12's)
- Notice of Termination of Service Forms (HASCI Form 11)

### **Progress notes/Miscellaneous information from Providers**

- Evaluations
- Progress notes and other information from providers used in monitorship

### **Utilization Information**

- Individual Summaries of Board Based Services Provided Forms
- Invoices/Requisitions from Providers for Board Billed Services

### **Level of Care (LOC) Information**

- Initial LOC Evaluation Request and Completed Evaluation (**Initial LOC's must remain in the working file**)
- All subsequent LOC re-evaluations

#### ***For Nursing Facility LOC:***

- Consent Form (CLTC Form 121)
- DDSN/CLTC Transmittal Form (HASCI Form 7)
- Completed DHHS Form 1718's
- Re-Certification for NF/LOC Form (HASCI Form 6)

#### ***For ICF/MR LOC:***

- Referral for ICF/MR LOC Determination Form (HASCI Form 4)
- Level of Care Determination for ICF/MR
- LOC Certification Letter

### **HASCI Enrollment Information**

- Pre-enrollment form (HASCI Form 9)
- Waiver Transfer Form, if applicable (HASCI form 10)
- Waiver enrollment verification (print ENINS or ENINQ screen from Waiver Tracking System)

### **Freedom of Choice Documentation**

- Freedom of Choice Form (HASCI Form 2)
- Appeals Information Shared with the individual and/or family
- Acknowledgement of Choice and Appeal Rights (HASCI Form 19)
- Acknowledgement of Rights and Responsibilities (HASCI Form 20)

### **Referral Information**

- Request for HASCI Waiver slot Form (HASCI Form 1)
- Slot Allocation Letter

### **Medicaid Application Information**

- DHHS Form 118A and/or 5B, if applicable
- Medicaid Applications

**\*\*The information in each section should be placed in reverse chronological order, so that the most recent information is on top. All Waiver information should be kept together in one section of the file and should not be placed within Service Notes. The information may take up two sections of a file, if needed, but must follow the order listed on this index. It is also a good idea for Service Coordinators to tab each bolded section so that information is easy to locate. Service Coordinators are reminded that it is not necessary to keep time sheets and provider invoices in the working Service Coordination file. A separate file may be maintained for this information.**

## **Preventive/Rehabilitative Services for Primary Care Enhancement (P/RSPCE)**

Preventive/Rehabilitative Services for Primary Care Enhancement (P/RSPCE) is a service that is funded by the Medicaid State Plan. It was originally designed to address medically compromising risk factors that interfere with a patient's ability to maintain an optimal state of health. The goals of P/RSCPE include:

- Linking patients with a primary care (medical) home.
- Supporting appropriate use of the health care system.
- Reinforcing compliance with primary medical care.
- Enhancing the patient's optimal state of health.
- Assisting the patient to attain the highest possible level of independent functioning relative to his/her health.

This service is available to participants of Waiver programs when it is medically necessary and:

- Needed to improve his/her response to treatment.
- Needed for medication management, compliance with medication regime or assistance with procuring medications.
- Needed to assure understanding of how multiple medical treatments relate with effectiveness of the plan to maximize the level of independent functioning.

**Medicaid Home and Community-Based Waiver Policy  
Regarding Relatives Serving as Paid Caregivers  
Effective November 1, 2004**

Reimbursement will not be furnished for Waiver services provided by the following individuals:

1. The spouse of the Medicaid recipient;
2. A parent of a minor Medicaid recipient;
3. A step-parent of a minor Medicaid recipient;
4. A foster parent of a minor Medicaid recipient;
5. A court appointed guardian of an adult Medicaid recipient;
6. Any person legally responsible (sole, joint, or otherwise) for the Medicaid recipient;
7. A family member that is a primary caregiver will not be reimbursed for Respite Services.

The following relatives/family members may be paid for providing the noted services when all South Carolina Medicaid provider qualifications are met:

1. A parent of an adult Medicaid recipient;
2. A non-legally responsible relative/family member of a minor or adult Medicaid recipient;
3. Relatives/family members who are primary caregivers of the Medicaid recipient will not be paid for all of the care they provide. The amount to be paid will be based on the recipient's needs as determined by his/her Service Coordinator (no primary caregiver may provide Respite Services)

Please refer to 735-02-DD (Relatives/Family Members Serving as Paid Caregivers of Respite Services) and 736-01-DD (Regarding Paying Family Members for Certain Waiver Funded Services)

Revised 07/21/05

**Medicaid Home and Community-Based Waiver Policy  
Regarding Waiver Services Provided While Clients Travel Out-of-State  
Effective July 1, 1998**

Individuals enrolled in a Medicaid home and community-based Waiver may travel out of state and retain a Waiver slot under the following conditions:

1. The trip out of state is a planned, temporary stay, not to exceed 90 consecutive days which is authorized prior to departure; and
2. The individual continues to receive a Waiver service (each month); and
3. Waiver services are limited to the frequency of services currently approved in the Client's Plan; and
4. Waiver services must be rendered by South Carolina Medicaid Providers; and
5. The individual must remain Medicaid eligible in the state of South Carolina.

The required Waiver monitoring must continue to ensure the client's health and welfare. Community Long Term Care and the state office for the Department of Disabilities and Special Needs (DDSN) will develop appropriate procedures for administration of these policies.

# SC Department of Disabilities & Special Needs

## Home Supports

### Caregiver Certification

Effective October 1, 2001

The following guidelines apply to Rehabilitation Supports, MR/RD Waiver and HASCI Waiver funded home supports that are provided by DSN Boards. These guidelines supersede portions of DDSN Administrative Agency Standard relating to Staff Development and Training (136), and all other policies, directives, or guidelines regarding the provision of designated services through a DDSN Home and Community Based Waiver or Rehabilitation Supports. All payments must be made directly to the provider of the service (caregiver) and cannot be made to the family or the recipient. Payments will not be made for services rendered by relatives of the recipient as defined by South Carolina Medicaid Home and Community Based Waiver policy. Services covered in these guidelines are:

MR/RD Waiver:

HASCI Waiver:

Rehabilitation Supports:

Respite, Companion, and Homemaker

Respite, Personal Assistance/Attendant Care  
Individual

#### Minimum qualifications for caregivers:

- The caregiver will have the ability to read, write and speak English.
- The caregiver will be at least 18 years of age (may be less than 18 for Rehabilitation Supports).
- The caregiver will be capable of aiding in the activities of daily living (not required for Rehabilitation Supports caregiver if not part of the job for which he/she is hired).
- The caregiver will be capable of following a plan of service with minimal supervision.
- The caregiver will have no record of abuse, neglect, crimes committed against other people or felonious convictions of any kind.
- The caregiver will be free from communicable and contagious diseases.
- The caregiver will have a valid Driver's License (if driving is required as part of the job). The DSN Board will perform an initial inspection of the official Highway Department's driving record for each caregiver who will be transporting individuals.
- The caregiver will document hours worked and the nature of the tasks performed. The waiver recipient or his/her designee (i.e., parent, sibling, etc.) will verify the documentation.
- If providing Personal Assistance/Attendant Care supervision will be provided by a RN or as otherwise allowed within the provision of state law.
- The caregiver will demonstrate competency in required training. (See attached training requirements for caregivers.) Training will include the attached minimum guidelines for training as well as any special techniques/procedures/equipment required to adequately provide services for the individual prior to assuming responsibility.
- If respite is provided outside of the Waiver recipient's home, the location of the respite must be licensed according to "Standards for Respite and Short Term Service" (July 1994) or other applicable standards.

#### Training Requirements for Caregivers

All caregivers must have the skills and abilities to provide quality services for the people they serve. Minimally, caregivers must demonstrate competency in the following areas (taken directly from the CORE pre-service curriculum) before services are provided. *Hours in parentheses are estimates of the time needed to achieve competency and may be higher or lower depending on the existing skill level of the caregiver and the skills required for serving a particular waiver recipient.*

1. Confidentiality, Accountability and Prevention of Abuse and Neglect (1.5 hours)
2. First Aid (4 hours)
3. Fire Safety/Disaster Preparedness related to the specific location of services (1 hour)
4. Understanding Disabilities (MR/RD and Autism **OR** Orientation to Head and Spinal Cord Injuries (HASCI) : This training must be specifically related to the person/family needing services (1-3 hours)

5. Signs and Symptoms of Illness and Seizures (1 hour)

**The following describes two ways in which caregivers can demonstrate competency:**

1. Taking and passing tests (CORE curriculum) in the above categories. Tests may be taken as part of DSN Board Training or may be taken when training does not occur.
2. Recipient/responsible party can approve caregiver competency for items 3 - 5 above, but cannot sign off on items 1 or 2.

Caregivers must also demonstrate competency in any consumer-specific special techniques/procedures/equipment and must be oriented to the habits, preferences, and interests of the consumer. The recipient or family will typically provide this training to the caregiver. DSN providers, however, should allow access, upon request, to training classes and/or assist with caregiver training. Caregivers must be able to communicate with the recipient.

The recipient/responsible party, prior to services beginning, must complete the attached Caregiver Certification form for each caregiver. This form along with supporting documentation (training records, tests, etc.) will be maintained by the local DSN Board.

## HOME SUPPORTS CAREGIVER CERTIFICATION

### Caregiver Information:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above named caregiver has demonstrated competency in the areas noted below through the successful completion of training or by exemption from the training as approved by me.

Name of Training	Training/Date	Exemption/Date
Confidentiality, Accountability & Prevention of Abuse and Neglect		XXXXXXXXXX
First Aid		XXXXXXXXXX
Fire Safety/Disaster Preparedness		
Understanding Disabilities (MR/RD or Autism) OR Orientation to Head and Spinal Cord Injuries		
Signs and Symptoms of Illness & Seizures		

The above named caregiver has been oriented to the habits, preferences and interests of \_\_\_\_\_ and is competent to perform the tasks needed to provide his/her care.

\_\_\_\_\_  
Recipient/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Responsible Party to Recipient

7/1/01

Sample

Reference Number: 736-01-DD  
Title of Document: Relatives/Family Members Serving As Paid Caregivers of Certain Medicaid Waiver Services  
Date of Issue: December 1, 2004  
Effective Date: November 1, 2004  
Last Review Date: April 1, 2008 **REVISED**  
Date of Last Revision: April 1, 2008  
Applicability: MR/RD Waiver:  
                    Personal Care I and II  
                    Adult Attendant Care  
                    Nursing Services  
                    HASCI Waiver:  
                    Attendant Care/Personal Assistance Services  
                    Medicaid Waiver Nursing

### **PURPOSE:**

The purpose of this directive is to implement the state Medicaid policy regarding relatives serving as paid caregivers, to provide clarifications of the policy and to establish procedures for implementing the policy.

### **POLICY:**

Relatives/family members of a waiver recipient may be paid to provide the waiver services noted in the “applicability” section of this policy when the relative/family member is not a legally responsible relative/family member and he/she meets all South Carolina Medicaid provider qualifications.

The following relatives/family members will not be paid for providing the noted services:

1. The spouse of the Medicaid recipient;
2. A parent of a minor Medicaid recipient;
3. A legally responsible foster parent of a minor Medicaid recipient;

4. A legally responsible guardian of a minor Medicaid recipient;
5. A court appointed guardian of an adult Medicaid recipient.
6. Step-parent of a minor Medicaid recipient.

The following relatives/family members may be paid for providing the noted services when all South Carolina Medicaid provider qualifications are met:

1. A parent of an adult Medicaid recipient;
2. A non-legally responsible relative/family member of a minor or adult Medicaid recipient;

Relatives/family members who are a primary caregiver of the recipient will not be paid for **all** of the care they provide. The amount to be paid will be based on the recipient's needs as determined by his/her service coordinator in accordance with DDSN Policy. The Department relies on the informal supports provided by family members to recipients. Only the needs of the recipient will be considered. Services of specific benefit to the recipient will be authorized. Services that benefit the entire household will not be authorized.

A by-product of the provision of these services by those outside of the recipient's home is that it affords the primary caregiver some relief or break from the responsibilities of care giving. Family members who are also a primary caregiver and who opt to be paid for a portion of the care/service they provide, will not also be authorized to receive additional respite services. The need for respite in these situations will be assessed as if the care/service is being provided by a non-family or non-primary caregiver.

#### **CLARIFICATIONS:**

For purposes of this policy, "Legally Responsible" means "Legal Guardian" which is defined by Black's Law Dictionary as "A person lawfully invested with the power, and charged with the duty, of taking care of the person and managing the property and rights of another person, who, for defect of age, understanding, or self-control, is considered incapable of administering his own affairs. One who legally has the care and management of the person, or the estate, or both, of a child during its minority."

This policy is not applicable to respite caregivers. See 735-02-DD.

For purposes of this policy "minor" is defined as "An infant or person who is under the age of legal competence, which in South Carolina is age 18."

This policy allows payment to non-legally responsible family members (brother, sister, step parent, grand parent etc.) living in the same household as the Medicaid recipient.

The policy states that relatives/family members who are paid for care/services must meet all South Carolina Medicaid provider qualifications. Those qualifications are outlined in Appendix B of the MR/RD Waiver, Appendix B of the HASCI Waiver.

Companies or agencies, including DSN Boards, are under no obligation to hire relatives/family members to provide services.

When unclear, final determinations about the permissibility of a relative or family member's eligibility to receive payment under this policy will be made by DHHS General Counsel.

### **PROCEDURAL INFORMATION:**

When a relative/family member wishes to be paid for providing one of the services noted in this policy, the recipient's Service Coordinator should refer the relative/family member to the appropriate location as indicated below.

#### **A. MR/RD Waiver Services:**

**For Personal Care I**, refer to:

- ♦ any company or agency directly enrolled as a provider with the Medicaid Agency, or
- ♦ the DSN Board/Qualified Provider serving the recipient.

**For Personal Care II**, refer to:

- ♦ any company or agency directly enrolled as a provider with the Medicaid Agency, or
- ♦ the DSN Board/Qualified Provider serving the recipient

**NOTE:** *Aids who provide Personal Care II must do so under the supervision of a nurse.*

**For Adult Attendant Care Services**, refer to:

- ♦ the UAP Self- Directed Attendant Care Program(applicable for Adult Attendant Care services

**NOTE:** *Aids who provide Adult Attendant Care must do so under the supervision of a nurse. The person who directs attendant care may not choose themselves as the attendant care provider and may not provide any attendant care services for reimbursement through the MR/RD Waiver. Please refer to the MR/RD Waiver manual for specifics (this service is currently being developed and will be incorporated in the MR/RD Waiver manual in the near future).*

**For Nursing Services**, refer to:

- ♦ any company or agency directly enrolled as a provider with the Medicaid Agency.

#### **B. HASCI Waiver Services:**

**For Attendant Care/Personal Assistance Services**, refer to:

- ♦ any company or agency directly enrolled as a provider with the Medicaid Agency, or
- ♦ the UAP Self- Directed Attendant Care Program, or
- ♦ the DSN Board/Qualified Provider serving the recipient.

**NOTE:** *Attendant Care/Personal Assistance Services must be provided under the supervision of a licensed nurse. A service recipient or representative can assume supervision if the service recipient participates in the UAP Consumer Directed Attendant Care Program.*

**For Medicaid Waiver Nursing Services**, refer to

- ♦ any company or agency enrolled as a provider with the Medicaid Agency.

When a DSN Board/Qualified Provider hires a relative/family member, documentation that the family member is not legally responsible, as previously defined for the recipient, must be maintained. The “Statement of Legal Responsibility” form which is attached to this policy should be used to document this relationship. Documentation must also reflect that caregivers who provide services funded by the MR/RD and HASCI Waivers are competent in designated areas and meet other minimum qualifications as specified in the applicable waiver manuals (refer to the appropriate Waiver manual). Training requirements specific to Early Interventionists are outlined in the EI Manual.

When unclear, questions about the permissibility of a relative or family member’s eligibility to receive payment under this policy must be sent to MR/RD and HASCI Waiver staff who will forward to DHHS General Counsel for determination.

Service Coordinators will be expected to monitor the services with the same frequency as would be required if provided by a non-relative caregiver.

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Kathi K. Lacy, Ph.D.  
Associate State Director, Policy  
(Originator)

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Stanley J. Butkus, Ph.D.  
State Director  
(Approved)

Attachments: [Statement of Legal Responsibility](#)  
[Guidance to Service Coordinators/Early Interventions for Assisting with the Determination of Legal Responsibility](#)

Reference Number: 735-02-DD  
Title of Document: Relatives/Family Members Serving As Paid Providers of Respite Services  
Date of Issue: December 1, 2004  
Effective Date: November 1, 2004  
Last Review Date: February 1, 2008  
Date of Last Revision: February 1, 2008  
Applicability: SCDDSN Sponsored Respite Services Except State Funded/Family Arranged Respite (Includes MR/RD Waiver Funded Respite, HASCI Waiver Funded Respite, or State Funded/Board Arranged)

### **I. Purpose:**

To establish a policy regarding the payment of relatives/family members for providing respite services.

### **II. Policy:**

Respite is defined as care provided to an SCDDSN eligible person when the primary support provider is absent or in need of relief from the responsibilities of care giving. Primary support providers, regardless of their relationship to the respite recipient can **not** be paid for respite. Family members/relatives of the respite recipient may be paid to provide respite when the family member/relative is not legally responsible for the person and he/she meets all provider qualifications.

The following people shall **not** be paid for providing respite:

1. A primary support provider;
2. The spouse of the respite recipient;
3. A parent, step parent, foster parent or legal guardian of a respite recipient who is a minor;
4. A court appointed guardian of a respite recipient who is an adult;

5. Parent or step-parent of an adult respite recipient who resides in the same household as the respite recipient.

The following are examples of people who may be paid to provide respite if all other provider qualifications are met and he/she is not one of the respite recipient's primary caregivers:

1. A parent of an adult respite recipient who does not reside in the respite recipient's household;
2. A non-legally responsible family member (sibling, grandparent, aunt, uncle, etc.).

### **III. Clarifications:**

For purposes of this policy, "Legally Responsible" means "Legal Guardian". SC Code Ann. §62-7-103(6) (Supp. 2007), defines a guardian as a person appointed by the court to make decisions regarding the support, care, education, health and welfare of a minor or adult individual. S.C. Code Ann. §20-7-100 (Supp. 2007) Parents are the joint natural guardians of their children.

Guardian for a child is defined as a person who legally has the care and management of a child, S.C. Code Ann. §20-7-30(3) (1976).

For purposes of this policy "minor" is defined as "An infant or person who is under the age of legal competence, which in South Carolina is age 18."

Non-legally responsible family members (brother, sister, step parent, grandparent etc.) living in the same household as the Medicaid recipient may be paid for care provided.

Family members/relatives will be required to meet the training and certification requirements outlined in SCDDSN Respite standards.

Family members/relatives wishing to receive payment for respite services rendered must acknowledge that they are not a primary support provider of the person and that they are not legally responsible for the person

The Statement of Legal Responsibility form may be used to document this.

Respite providers are under no obligation to hire relatives/family members to provide services.

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Kathi Lacy, Ph.D.  
Associate State Director, Policy  
(Originator)

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Stanley J. Butkus, Ph.D.  
State Director  
(Approved)

Attachments:     [Statement of Legal Responsibility](#)  
                         [Guidance to Service Coordinators/Early Interventions for Assisting With](#)  
                         [the Determination of Legal Responsibility](#)

### **Transfer of File from One Provider to Another**

- If the HASC Waiver participant is moving to another county or another provider, the Service Coordinator/Supervisor in the sending county must notify the HASCI Division prior to the move/transfer.
- The HASCI Division will notify the Cost Analysis/Finance Division regarding the transfer.
- The Service Coordinator/Supervisor of the sending county must work closely with the Service Coordinator/Supervisor in the receiving county to coordinate HASCI Waiver services to assure there is no lapse in services including delivery of services.

## **Purging a HASCI Waiver File**

- Clearly denote on the working file that there is a back-up file by placing a Back-Up File Available sticker on the front of the file or follow your agency's policy for denoting a Back-up file is available.
- All material (except Waiver information) should be purged by calendar year and put in a file that is set up like the working file and labeled as a back-up file.
- The original Social History and all Social Updates remain in the file (if applicable).
- All Service Agreements will be maintained in the working file.
- Client Rights and Review of Record Form remains in the working file.
- Voter Registration information remains in the working file.
- Retain previous and current Plan in the working file.
- Current medical exam and medical records remain in the file.
- All psychological/neuropsychological evaluations remain in the working file.
- Current and previous IEP/IPP, if applicable, remain in the working file.
- The E&P letter regarding eligibility will remain in the working file.
- Contact notes will be purged according to calendar year. The current year should remain along with two previous years to coincide with the budgets.
- The Freedom of Choice, Verification of Waiver Enrollment, Consent Form, DHHS Form 118-A, VR Letter/Request for Determination of Availability of Service (Form 13) if applicable, original Level of Care determination and current Level of Care determination should remain in the working file\*.
- Waiver budget information should be purged according to fiscal year (i.e., 7/1/03-6/30/04) along with pertinent documents: referrals, monthly utilization forms, requisitions/invoices and progress notes regarding Waiver provided services. The current contract period should remain along with the previous contract period. This should coincide with your contact notes (i.e., if the current contract period is 7/1/03-6/30/04 you must retain this information in the working file along with 7/1/02-6/30/03 budget information and supporting documents which coincide with service notes from 2002-2004-the service notes would be purged back to 01/01/02).

\*The past 3 years of Level of Care determinations must be accessible and available to reviewers upon request.

\*\*The HASCI Waiver Documentation Index must be followed.

HASCI Waiver Table - Effective July 1, 2008								
STS	SCDDSN	INVOICE	SERVICE	M/D	RATE	SERV	M	D
CODE	CODE				UNIT		BUDGET	BUDGET
					UNIT		RATE	RATE
S 13	RES-INST		Institution - ICF/MR Based Respite Care	M	No	Day	148.23	68.48
S 14			Occupational Therapy	M/D	No	15 Min	10.00	10.00
S 15			Physical Therapy	M/D	No	15 Min	10.00	10.00
S 21	AT/DME		Medical Supplies, Equipment and Assistive Technology	M/D	Yes	Auth	Entered by User	
S 23			Prescribed Drugs	D	No	Presc	25.00	25.00
S 25	COM-AU		Audiology/ Assessment	M/D	No	Hour	60.00	60.00
S 26	ENVMOD		Environmental Modifications	M/D	Yes	Auth	Entered by User	
S 30			Physical Therapy Eval	M/D	No	Per Eval	60.00	60.00
S 31			Occupational Therapy Eval	M/D	No	Per Eval	60.00	60.00
S 35	RES-D		Non-Institution Based Respite Care	M/D	No	Day	66.40	76.40
S 46	RES-H		Non-Institution Based Respite Care	M/D	No	Hour	8.30	9.55
S 49	PERS-I		Initial installation	M/D	No	Item	36.00	36.00
S 49	PERS-M		Recurring maintenance	M/D	No	Month	36.00	36.00
S 50	ATTC		Attendant Care/Personal Assistance	M/D	M- if Approved	Hour	10.90	16.00
S 51	COM-TH		Speech, Hearing, and Language Therapy	M/D	No	Hour	40.00	40.00
S 52	PSY-A		Psychological Assessment	M/D	No	Visit	120.00	120.00
S 53	PSY-RT		Cognitive Rehabilitation Therapy	M/D	No	Hour	60.00	60.00
S 54	PSY-D&A		Drug & Alcohol Counseling	M/D	No	Hour	60.00	60.00
S 55	F/I-LCSW		Fam/Ind Therapy	M/D	No	Hour	60.00	60.00
S 56	PSYCHI		Psychiatric	M/D	No	Hour	90.00	90.00
S 57	NPEVAL		Neuro-psychological Evaluation	M/D	No	Visit	760.00	760.00
S 59	PN-RN		Registered Nurse	M/D	No	Hour	33.00	33.00
S 60	PN-LPN		Licensed Practical Nurse	M/D	No	Hour	25.00	25.00
S 62	COM-AS		Speech/Language Assessment	M/D	No	Visit	60.00	60.00
S 63	RES-ISB		Institution Hospital Based Respite	M/D	No	Day	73.67	73.67
S 64	F/I-PCHO		Fam/Ind Therapy- Lic Psychologist	M/D	No	Hour	60.00	60.00
S 65	F/I-BAMH		Fam/Ind Therapy BA MH Prct und Sup	M/D	No	Hour	60.00	60.00
S 66	PSY-RO		Rehab Therapy- Other	M	No	Hour	40.00	
S 72			UAP Attendant Care	M	Yes	Hour	11.10	11.10
S 74			Private Vehicle Modifications	M/D	No		Enter by User	
S 80			Behavior Support Services	M/D	No	30 min	30.00	30.00
S 81			Residential Habilitation	M/D	No	Day	103.00	103.00
S 82			Day Habilitation	M/D	No	Day	31.00	31.00
S 83			Prevocational Services	M/D	No	Day	31.00	31.00
S 84			Supported Employment	M/D	No	Hour	20.43	20.43
S 85			Behavior Support Assessment	M/D	No	30 min	30.00	30.00
S 86			Health Education	M/D	No	Hour	20.00	20.00
S 87			Peer Guidance	M/D	No	Hour	20.00	20.00
** Board Based (M) ATTC provided by an individual; Rate = \$10.90 Board Based (M) ATTC provided by an agency that plans to become a Medicaid Enrolled Provider in the near future. Rate = \$ 16.00								